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U.S. EPA – Region 1
Asbestos NESHAP Division
Attn: Demo/Reno Notifications
5 Post Office Square –Suite 100
Boston, MA 02109-3912

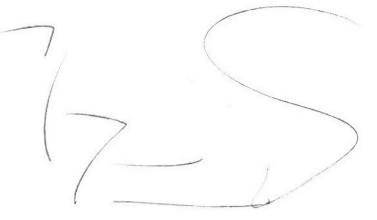


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Asbestos MESHAP Division
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5 Post Office Square –Suite 100
Boston, MA 02109-3912



LEGILL

Operator Project #CEG888200 Po	ostmark		Date Received		Notification #			
I. Type of Notification (check on	e): Original	1	Revised	Canc	eled			
II. Facility Description Building Name: Department of Ag Address: 103 South Main Street	riculture/Department	t of En	vironmental Con	servation Build	ing			
	State: V	'ermon	t Zin Code: 0	5671	County: Washir	ngton		
Site Location: Waterbury State Co					County:	<u></u>		
Building Size (square feet): 16,700					Age in Years: 25	+/-		
III. Type of Operation (check one	): Demo Orde	red Den	no Renovation	n Emergency	y Renovation	Fire Training		
IV. Is Asbestos Present? (check o	ne): Yes	No						
V. Facility Information  Owner Name: State of Vermont, Department of Buildings & General Services  Address: 2 Governor Aiken Avenue, Drawer 33								
City: Montpelier			State: VT	Zir	Code: 05633			
Contact: Mike Stevens						-3533		
Removal Contractor Name								
Address:								
City:		p Code:						
Contact:	Contact: Telephone:							
Other Operator (demolition	n/general): TBD							
Address:								
City:			State:	Zi	Zip Code:			
Contact:	_	Telepl	hone: ()		Fax:			
VI. Procedure, including analytics Category I and Category II no Bulk sampled collected by a  VII. Approximate Amount of Asbe	on-friable ACM: accredited asbest		•					
	RACM to be Remo	oved	Non-friable Asb to be Re		Non-friable Ash NOT to be			
			Category I	Category II	Category I	Category II		
Pipes (linear feet)								
Surface Area (square feet)				120				
Facility Components (cubic feet)								
VIII. Scheduled Dates Demolition of	or Renovation:	Start: 08	3/01/13	Complete	12/30/13			
IX. Dates for Asbestos Removal	(MM/DD/YY) S	Start: 0	6/17/13	Complete	07/31/13			
Days of the Week: Monday	Tuesday W	ednesda;	y Thursday	Friday	Saturday	Sunday		
Hours of Operation: 7-6	7-6	7-6	7-6	7-6	7-6			

X.		on of planned Demolition or Renovation work to tion techniques to be used and description of aff			d, including demolition			
		ning materials to be removed. State persoing heavy equipment, such as an excavato						
XI.		on of work practices and engineering controls to	be used to comply w	ith the requirements, in	ncluding asbestos			
Camaraka		nd waste handling emission control procedures:						
methods,	decontaminatio where required	es in accordance with the USEPA Asbestos NESHAP regulation structure, containment barriers, negative pressure enclosure, d.	n and the Vermont Regulation proper waste shipment &	ations for Asbestos Control. I disposal, post abatement vis	This includes wet removal sual inspections and air			
XII.	Waste Tra	ansporter #1						
	Name:	TBD						
	Address:							
	City:		State:	Zi	p Code:			
	Contact:		Telephone: (	)				
	Waste Tra	ansporter #2	_					
	Name:	TBD						
	Address:			-				
	City:		State:	Zi	p Code:			
	Contact:		Telephone:	( )				
XIII.	Waste Dis	sposal						
	Name:	TBD						
	Address:							
	City:		State:	Zi	p Code:			
	Contact:		Telephone:	( )				
XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)								
	1. A	ttach a copy of the Order to this notice.						
		ame of Authority Issuing Order:		Title:				
		uthority of Order (Citation of Code):						
		ate of Order (MM/DD/YY):			ered to Begin			
XV.		cy Renovation (Attach separate sheet with the follo	wing information if	project is Emergency Re	enovation.)			
		ate and Hour of the Emergency: escription of the Sudden, Unexpected Event:						
		escription of the Sudden, Onexpected Event.	ns or equipment dam	age or an unreasonable f	financial burden.			
		•						
XVI.		on of procedures to be followed in the event that , pulverized, or reduced to powder.	unexpected RACM	is found or non-friable	e ACM becomes			
Same		on X above						
XVII.		hat an individual trained in the provisions of NES	•		0			
		Demolition or Renovation, and evidence that the available during normal business hours.	required training ha	s been accomplished by	y this person will be			
		alt locowner	04/04/13	Chris Crothers - O	wner's Consultant			
	1	Signature of Owner/Operator	Date		Name and Title			
VV/III	Leolmani		esion of false an aris					
XVIII.		ledge the existence of laws prohibiting the submi contained in this notification are true, accurate, a		neading statements, an	a i certily that facts			
		(.1.45)	-	01.1.0				
		Signature of Owner Ones of Owner	04/04/13		Owner's Consultant			
		Signature of Owner Operator	Date	Type or Print	Name and Title			

Operator Project # CEG969054 Pos	stmark		Date Received		Notification #			
I. Type of Notification (check one	e): 🗹 Or	iginal	Revised	☐ Canc	eled			
H. Facility Description Building Name: St. Albans Coop St	tore							
Address: 140 Federal Street								
City: St. Albans			nt Zip Code: C	5478	County: Frankli	n		
Site Location : 140 Federal Street,	St. Albans, Ver	mont 0547	8					
Building Size (square feet): 3,000 sq	. ft. per floor	#	of Floors: 2		Age in Years: 75			
Present Use: Coop Farm Store		Pr	ior Use: Coop F	arm Store				
III. Type of Operation (check one):	Demo	Ordered Den	no Renovatio	on Emergenc	y Renovation	Fire Training		
IV. Is Asbestos Present? (check on	ne): 🗹 Yes	☐ No						
V. Facility Information								
Owner Name: St. Albans C		eamery, Inc	<u>.                                    </u>					
Address: 140 Federal Stree	et							
				nont Zi				
Contact: Mike Jensen					Fax: (802) 527	-1769		
Removal Contractor Name: Levaggi Environmental Contracting, Inc.								
Address: P. O. Box 515								
City: Morrisville State: Vermont Zip Code: 05661								
Contact: Eric Levaggi		Telep	hone: (802)888	3-5756	Fax:			
Other Operator (demolition/general): To be determined								
Address:					_			
City:			State:	Zi	Zip Code:			
Contact:		Telep	ohone: ()		Fax:			
VI. Procedure, including analytica Category I and Category II not Bulk samples collected by ac	n-friable ACM:							
VII. Approximate Amount of Asbes	stos Materials:							
#	RACM to be	Removed	Non-friable Asi to be Re	Action to the second se		bestos Material Removed		
			Category I	Category II	Category I	Category II		
Pipes (linear feet)	0		0	0	0	0		
	rface Area (square feet) 0			0	0	0		
Surface Area (square feet)	0		3					
Surface Area (square feet)  Facility Components (cubic feet)	0		0	0	0	0		
	0	Start: 0		0 Complet		0		
Facility Components (cubic feet)	0 r Renovation:		0		<sup>e:</sup> 06/05/13	0		
Facility Components (cubic feet)  VIII. Scheduled Dates Demolition o	0 r Renovation:		0 5/08/13 05/06/13	Complet	<sup>e:</sup> 06/05/13	0 Sunday		

X.		on of planned Demolition or Renovation work to			oyed, including demolition			
	or renovation techniques to be used and description of affected facility components:  Asbestos to be removed first. Salvageable items will be removed, then building will then be demolished utilizing an							
excava								
XI.		on of work practices and engineering controls to be and waste handling emission control procedures:	e used to comply	with the requirement	ts, including asbestos			
		thods, decontamination structure, containm & disposal	nent barriers, n	egative pressure e	nclosure, and proper			
XII.	Waste Tr	ansporter #1						
* 🔻	Name:	Levaggi Environmental Contracting, Inc.						
	Address:	P. O. Box 515	-		****			
	City:	Morrisville	State:	Vermont	Zip Code: 05661			
	Contact:	Eric Levaggi	Telephone:	(802)888-5756				
	Waste Tr	ansporter #2	_					
	Name:	Casella Waste Management, Inc.			4			
	Address:	1855 Route 100						
	City:	Hyde Park	State:	Vermont	Zip Code: 05655			
	Contact:	Jamie Stacy	Telephone:	(802)888-3627				
XIII.	Waste Di	sposal						
	Name:	Waste Management of NH; Turnkey Landfil	Division					
	Address:	90 Rochester Neck Road						
	City:	Rochester	State:	New Hampshire	Zip Code: 03839			
	Contact:		Telephone:	(603) 330-2100				
XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)								
		ttach a copy of the Order to this notice.						
		ame of Authority Issuing Order:		Title:				
		uthority of Order (Citation of Code):  ate of Order (MM/DD/YY):		Data (	Ordered to Begin			
XV.		cy Renovation (Attach separate sheet with the follow	vina information					
Av.		ate and Hour of the Emergency:	wing information	ii project is Emergency	Renovation.)			
		escription of the Sudden, Unexpected Event:						
	3. E	xplanation of how the event caused unsafe condition	s or equipment da	amage or an unreasonat	ole financial burden.			
XVI.		on of procedures to be followed in the event that to, pulverized, or reduced to powder.	nexpected RAC	M is found or non-fri	able ACM becomes			
Same	as para	graph XI above						
XVII.		hat an individual trained in the provisions of NES						
		Demolition or Renovation, and evidence that the rayailable during normal business hours.	equired training	has been accomplishe	d by this person will be			
	1//	(CET) locames	04/04/13	Chris Crothers,	Owner's Consultant			
(	C	Signature of Owner Operator	Date	Type or Pri	int Name and Title			
XVIII.	I acknow	ledge the existence of laws prohibiting the submis	sion of false or n	nisleading statements,	and I certify that facts			
		contained in this notification are true, accurate, a						
	116	Water to Paga 1000	04/04/13	Chris Crothers	Owner's Consultant			
		Signature of Owner/Operator	Date		int Name and Title			

Operator Project # CE	G888200	Postmark		Date Received		Notification #		
I. Type of Notific	cation (check	one): 🗸 Or	iginal	Revised	Cance	eled		
II. Facility Described Building Name: Bro	-	uth Connector						
Address: 103 Sout	h Main Stre	et						
		Stat				County: Washin	ngton	
Site Location : Wate				Street - Waterburg	y, Vermont			
Building Size (square		) sq.ft. per floor	#	of Floors: 2	A	Age in Years: 95	5 +/-	
Present Use: Conne	ctor		Pr	rior Use: Connec	tor			
III. Type of Operation (check one): 🗸 Demo 🗌 Ordered Demo 🔲 Renovation 🔲 Emergency Renovation 🔲 Fire Train							Fire Training	
IV. Is Asbestos Present? (check one):								
V. Facility Information								
		Vermont, Departm		dings & General	Services			
		ken Avenue, Draw						
City: Mont				State: VT				
			Telep	phone: (802) 828	-5377	Fax: (802) 828	3-3533	
Removal Contractor Name: TBD								
Address:								
City:				State:	Zij	p Code:		
Contact:			Telep	ohone: ()		Fax:		
Other Opera	ator (demoli	tion/general): TBD						
Address:			-					
City:				State:	Zi	Zip Code:		
Contact:			Telep	ohone: ()		Fax:		
Category I and Bulk sampled co	d Category II ollected by	rtical methods, emplo I non-friable ACM: y accredited ask sbestos Materials:		-				
		RACM to be	Removed	Non-friable Asb to be Re			bestos Material Removed	
				Category I	Category II	Category I	Category II	
Pipes (linear feet)		180						
Surface Area (square	feet)	32			13			
Facility Components	(cubic feet)							
VIII. Scheduled Da	tes Demolitie	on or Renovation:	Start: 0	7/01/13	Complete	e: 12/30/13		
IX. Dates for Ask	estos Remov	val (MM/DD/YY)	Start: 0	)4/29/13	Complete	06/28/13		
Days of the Week:	Monday	Tuesday	Wednesda	ay Thursday	Friday	Saturday	Sunday	
Hours of Operation:	7-6	7-6	7-6	7-6	7-6	7-6		

X.		of planned Demolition or Renovation work to be			oloyed, including demolition				
Asbest	or renovation techniques to be used and description of affected facility components:  Asbestos-containing materials to be removed. State personnel to begin salvage operations. Building will then be								
	demolished utilizing heavy equipment, such as an excavator (after all ACM has been properly removed).								
XI.	-	of work practices and engineering controls to be	used to comply wi	th the requiremen	nts, including asbestos				
Comprehe	removal and waste handling emission control procedures:  Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont Regulations for Asbestos Control. This includes wet removal								
methods, o	decontamination s where required.	structure, containment barriers, negative pressure enclosure, pr	roper waste shipment &	disposal, post abateme	ent visual inspections and air				
XII.	Waste Tran	sporter #1							
1	Name:	TBD							
	Address:								
	City:		State:		Zip Code:				
	Contact:		Telephone: (	)					
	Waste Tran	sporter #2							
	Name:	TBD							
	Address:								
	City:		State:		Zip Code:				
	Contact:		Telephone: (	( )					
XIII.	Waste Disp	osal							
	_	TBD							
	Address:								
	City:		State:		Zip Code:				
	Contact:		Telephone: (	( )					
XIV.		<b>Demolition</b> (complete Item XIV only if this project	t is an Emergency D	Demo.)					
		ach a copy of the Order to this notice.  ne of Authority Issuing Order:		Title:					
		hority of Order (Citation of Code):		1100.					
		e of Order (MM/DD/YY):		Date	Ordered to Begin				
XV.	Emergency	Renovation (Attach separate sheet with the follow	ving information if p	project is Emergeno	cy Renovation.)				
		e and Hour of the Emergency:							
		scription of the Sudden, Unexpected Event:							
	3. Exp	planation of how the event caused unsafe conditions	or equipment dama	age or an unreasona	able financial burden.				
3/3/7	Dan Lat	Carrollanda ha Callanda in Abana and Abana	novmonted DACM	is found or nor f-	riable ACM becomes				
XVI.		of procedures to be followed in the event that u pulverized, or reduced to powder.	nexpected RACM	is tound of non-II	Table ACM Decomes				
Same		n X above							
XVII.		at an individual trained in the provisions of NESI							
		emolition or Renovation, and evidence that the realiable during normal business hours.	equired training ha	s been accomplish	ed by this person will be				
	1) av	att	04/04/40	01.1.0.11	Oursels October				
	LOE	Signature of Owner/Operator	04/04/13 Date		rint Name and Title				
		•		• •					
XVIII.		dge the existence of laws prohibiting the submiss ntained in this notification are true, accurate, an		leading statement	s, and I certify that facts				
	///	ofiles of	04/04/13	Chris Crother	s - Owner's Consultant				
	1/1/	Signature of Owner/Operator	Date		rint Name and Title				
		Oibattare or Orater/Operator	Date	Type of I					

II. Facility Description Building Name: Maintenance Building Address: 103 South Main Street City: Waterbury State Complex - 103 South Main Street - Waterbury, Vermont Building Size (square feet): 8000	Operator Project # CE	EG888200	Postmark			Date Received		Notification #		
Building Name: Maintenance Building Address: 103 South Main Street City: Waterbury	I. Type of Notifi	cation (check	one):	✓ Ori	ginal	Revised	Cano	eled		
Address: 103 South Main Street  City: Waterbury	•	-	uilding							
City: Waterbury State: Vermont Zip Code: 05671 County: Washington  Site Location: Waterbury State Complex - 103 South Main Street - Waterbury, Vermont  Building Size (square feet): 8000 # of Floors: 1 Age in Years: 95 +/- Present Use: State Maintenance Offices & Garage Prior Use: State Hospital Maintenance Building  III. Type of Operation (check one): Demo Ordered Demo Renovation Emergency Renovation Fire Training  IV. Is Asbestos Present? (check one): Yes No  V. Facility Information Owner Name: State of Vermont, Department of Buildings & General Services  Address: 2 Governor Aiken Avenue, Drawer 33  City: Montpelier State: VT Zip Code: 05633  Removal Contractor Name: TBD  Address: City: State: Zip Code: Contact: Mike Stevens Telephone: State: Zip Code: Contact: Telephone: State: Zip Code: Contact: Telephone: Fax:  Other Operator (demolition/general): TBD  Address: City: State: Zip Code: Contact: Telephone: Fax:  VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:									<del></del>	
Site Location: Waterbury State Complex - 103 South Main Street - Waterbury, Vermont  Building Size (square feet): 8000  # of Floors: 1  Age in Years: 95 +/- Present Use: State Maintenance Offices & Garage  Prior Use: State Hospital Maintenance Building  III. Type of Operation (check one): Demo Ordered Demo Renovation Emergency Renovation Fire Training  IV. Is Asbestos Present? (check one): Yes No  V. Facility Information Owner Name: State of Vermont, Department of Buildings & General Services Address: 2 Governor Aiken Avenue, Drawer 33  City: Montpelier State: VT Zip Code: 05633  Contact: Mike Stevens Telephone: (802) 828-5377 Fax: (802) 828-3533  Removal Contractor Name: TBD  Address: State: Zip Code: State: Contact: Zip Code: State: State: Zip Code: Telephone: (9) Fax: Other Operator (demolition/general): TBD  Address: Zip Code: Zip Code: Telephone: (9) Fax: Zip Code: Telephone: (1) Fax: Zip Code: Telephone: (1) Fax: Zip Code: Telephone: (1) Fax: Zip Code: Zip Contact: Telephone: (1) Fax: Zip Code: Zip Contact: Zip Contact: Zip Code: Zip Co			05671	County: Washi	naton					
Building Size (square feet): 8000 # of Floors: 1 Age in Years: 95 +/- Present Use: State Maintenance Offices & Garage Prior Use: State Hospital Maintenance Building  III. Type of Operation (check one): Demo Ordered Demo Renovation Emergency Renovation Fire Training  IV. Is Asbestos Present? (check one): Yes No  V. Facility Information Owner Name: State of Vermont, Department of Buildings & General Services Address: 2 Governor Aiken Avenue, Drawer 33  City: Montpelier State: VT Zip Code: 05633  Contact: Mike Stevens Telephone: (802) 828-5377 Fax: (802) 828-3533  Removal Contractor Name: TBD  Address: City: State: Zip Code: Contact: Telephone: Fax: Other Operator (demolition/general): TBD  Address: Zip Code: Contact: Telephone: Fax:  VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:								County.		
Prior Use: State Maintenance Offices & Garage Prior Use: State Hospital Maintenance Building  III. Type of Operation (check one): Demo Ordered Demo Renovation Emergency Renovation Fire Training  IV. Is Asbestos Present? (check one): Ves No  V. Facility Information Owner Name: State of Vermont, Department of Buildings & General Services Address: 2 Governor Aiken Avenue, Drawer 33  City: Montpelier State: VT Zip Code: 05633  Contact: Mike Stevens Telephone: (802) 828-5377 Fax: (802) 828-3533  Removal Contractor Name: TBD  Address: City: State: Zip Code: Contact: Telephone: Fax: Other Operator (demolition/general): TBD  Address: City: State: Zip Code: Contact: Telephone: Fax:  VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:								Age in Years: 95	5 +/-	
III. Type of Operation (check one):  Demo Ordered Demo Renovation Emergency Renovation Fire Training  IV. Is Asbestos Present? (check one):  Yes No  V. Facility Information Owner Name: State of Vermont, Department of Buildings & General Services Address:  2 Governor Aiken Avenue, Drawer 33  City:  Montpelier State:  VT Zip Code: 05633  Contact:  Mike Stevens Telephone: (802) 828-5377 Fax: (802) 828-3533  Removal Contractor Name:  TBD  Address:										
IV. Is Asbestos Present? (check one):	Type of Operation (check one):  Demo Ordered Demo Renovation							y Renovation [	Fire Training	
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City: Montpelier State: VT Zip Code: 05633  Contact: Mike Stevens Telephone: (802) 828-5377 Fax: (802) 828-3533  Removal Contractor Name: TBD  Address:						dings & General	Services	<del>_</del> -		
Contact: Mike Stevens  Removal Contractor Name: TBD  Address:  City: State: Zip Code:  Contact: Telephone: () Fax:  Other Operator (demolition/general):  City: State: Zip Code:  Telephone: Demonstration of the Code:  Contact: Telephone: Fax:  City: State: Zip Code:  Telephone: Fax:  City: Fax: Telephone: Fax:  City: State: Zip Code:  Contact: Telephone: Fax:  City: State: Telephone: Fax:  City: Address: Telephone: Fax: Telephone: Telephone: Fax: Telephone: Telephone: Fax: Telephone:		•								
Removal Contractor Name:TBD										
Address:  City: State: Zip Code:  Contact: Telephone: Fax:  Other Operator (demolition/general):  Address:  City: State: Zip Code:  City: State: Zip Code:  Contact: Telephone: Fax:  VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:					Telep	hone: (802) 828	3-5377	Fax: (802) 828	-3533	
City: State: Zip Code: Contact: Telephone: ( Fax:  Other Operator (demolition/general): TBD  Address: State: Zip Code:  City: State: Zip Code:  Contact: Telephone: ( Fax:  VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:										
Contact: Telephone: (										
Other Operator (demolition/general): TBD  Address:										
Address:  City: State: Zip Code: Contact: Telephone: Fax:  VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:	TOD									
City: State: Zip Code:  Contact: Telephone: ( Fax:  VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:										
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:							7	n Code:		
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:										
Category I and Category II non-friable ACM:										
					yed to dete	ct the presence of	and to estimate t	ne quantity of RA	CM and	
	-				estos in	spector. Ana	lyzed by NVL	AP accredite	d laboratory	
VII. Approximate Amount of Asbestos Materials:	VII. Approximate	Amount of A	sbestos Mate	rials:						
Non-friable Asbestos Material Non-friable Asbestos Material NOT to be Removed NOT to be Removed			RACI	v1 to be R	Removed					
Category I Category II Category II Category II								Category I	Category II	
Pipes (linear feet) 90	Pipes (linear feet)			90		37 -	0.17	<u> </u>		
Surface Area (square feet) 192 1,300 8		feet)				1.300	8			
Facility Components (cubic feet)						-,				
VIII. Scheduled Dates Demolition or Renovation: Start: 07/15/13 Complete: 12/30/13			on or Renova	tion:	Start: 0	7/15/13	Complet	e: 12/30/13		
IX. Dates for Asbestos Removal (MM/DD/YY) Start: 05/28/13 Complete: 07/12/13	IX. Dates for Ash	estos Remov	val (MM/DD/	YY)			Complet	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Days of the Week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday				_			Friday		Sunday	
Hours of Operation: 7-6 7-6 7-6 7-6 7-6 7-6										

X		n of planned Demolition or Renovation work to b tion techniques to be used and description of affe			loyed, including demolition			
Asbesto		ing materials to be removed. State person			Building will then be			
		ng heavy equipment, such as an excavato						
XI.	_	n of work practices and engineering controls to b	e used to comply w	ith the requiremen	ts, including asbestos			
Comprehe		and waste handling emission control procedures: es in accordance with the USEPA Asbestos NESHAP regulation	and the Vermont Regula	ations for Ashestos Cont	rol. This includes wet removal			
methods, d	lecontamination where required	n structure, containment bamiers, negative pressure enclosure, p	proper waste shipment &	disposal, post abateme	nt visual inspections and air			
XII.	Waste Tra	nsporter #1						
	Name:	TBD						
	Address:							
	City:		State:		Zip Code:			
	Contact:		Telephone: (	)				
	Waste Tra	nsporter #2	_					
	Name:	TBD						
	Address:							
	City:		State:		Zip Code:			
	Contact:		Telephone:	( )				
XIII.	Waste Dis	posal						
	Name:	TBD						
	Address:							
	City:		State:		Zip Code:			
	Contact:		Telephone:	( )				
XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)								
	1. At	tach a copy of the Order to this notice.						
		ame of Authority Issuing Order:		Title:				
		uthority of Order (Citation of Code):			0.1.1.7.1.			
		ate of Order (MM/DD/YY):	-		Ordered to Begin			
XV.		y Renovation (Attach separate sheet with the follow	wing information if	project is Emergenc	y Renovation.)			
		ate and Hour of the Emergency: escription of the Sudden, Unexpected Event:						
		splanation of how the event caused unsafe condition	s or equipment dam:	age or an unreasona	ble financial burden.			
XVI.		on of procedures to be followed in the event that upulverized, or reduced to powder.	inexpected RACM	is found or non-fr	iable ACM becomes			
Same		on X above						
				m cd cylinn i næ i	#D **** *			
XVII.		nat an individual trained in the provisions of NES Demolition or Renovation, and evidence that the r						
		vailable during normal business hours.	adan an aramag ar		ou of this person which			
	KI	atto bocaunec	04/04/13	Chris Crothers	- Owner's Consultant			
1	-	Signature of Owner/Operator	Date	Type or Pi	rint Name and Title			
XVIII.	Laglmorel	edge the existence of laws prohibiting the submis	cion of false or mis	leading statements	and Leartify that facts			
Aviii.		enge the existence of laws promotting the submis contained in this notification are true, accurate, a		mading statements	o, and i certify that lacts			
Ì		166/1		01-1-0-1	0			
		Willes for anel	04/04/13		s - Owner's Consultant			
		Signature of Owner/Operator	Date	Type or Pi	rint Name and Title			

Operator Project # CE	G888200 Po	stmark		Date Received		Notification #			
I. Type of Notific	ation (check one	e): 🔽 Ori	ginal	Revised	Cance	led			
H. Facility Desc Building Name: Build	ding 10 South		·						
Address: 103 South			Varmor	· · · · · · · · · · · · · · · · · · ·	05671	Machin	aton .		
City: Waterbury Site Location: Water	hum State Co			it Zip Code: (		County: Washing	gion		
A STATE OF THE PARTY OF THE PAR	0.000						<u>.</u>		
Building Size (square : Present Use: Offices				of Floors: 3 ior Use: State F		ge in Years: 80	<del></del>		
- AO						Danavation	Eine Training		
III.			No No	no Kenovatio	on Emergency	Kenovation	Fire Training		
IV.									
V. Facility Information  Owner Name: State of Vermont, Department of Buildings & General Services									
Address: 2 Governor Aiken Avenue, Drawer 33									
City: Montp				State: VT	Zip	Code: 05633			
							3533		
Contact: Mike Stevens Telephone: (802) 828-5377 Fax: (802) 828-3533  Removal Contractor Name: TBD									
Address:									
City: State:						Code:			
Contact: Telephone: ()									
Other Opera	tor (demolition	/general): TBD	_						
Address:									
					Zip	Code:			
Contact:			Telep	ohone: ()		Fax:			
	Category II no	n-friable ACM:			and to estimate the				
VII. Approximate A	mount of Asbe	stos Materials:							
		RACM to be	Removed		bestos Material emoved				
				Category I	Category II	Category 1	Category II		
Pipes (linear feet)		60							
Surface Area (square	feet)	27,80	0	350					
Facility Components (	cubic feet)								
VIII. Scheduled Dat	es Demolition o	r Renovation:	Start: 0	7/15/13	Complete	12/30/13			
IX. Dates for Asb	estos Removal (	(MM/DD/YY)	Start: 0	05/28/13	Complete	07/12/13			
Days of the Week:	Monday	Tuesday	Wednesda	ay Thursday	Friday	Saturday	Sunday		
Hours of Operation:	7-6	7-6	7-6	7-6	7-6	7-6			

X.	Description	on of planned Demolition or Renovation work to	he nerformed and me	ethod(s) to be employed including demol	lition			
A Ba	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:							
		ning materials to be removed. State perso ing heavy equipment, such as an excavat			e			
XI.		on of work practices and engineering controls to		th the requirements, including asbestos				
methods,	nsive procedu	nd waste handling emission control procedures: res in accordance with the USEPA Asbestos NESHAP regulation in structure, containment barriers, negative pressure enclosured.	on and the Vermont Regulati		ai			
XII.	Waste Tr	ansporter #1						
	Name:	TBD						
	Address:							
	City:		State:	Zip Code:				
	Contact:		Telephone: (	)				
	Waste Tr	ansporter #2	_					
	Name:	TBD						
	Address:							
	City:		State:	Zip Code:				
	Contact:		Telephone: (	)				
XIII.	Waste Di	sposal						
	Name:	TBD						
	Address:							
	City:		State:	Zip Code:				
	Contact:		Telephone: (	)	<del>.</del>			
XIV.	-	cy Demolition (complete Item XIV only if this pro	ject is an Emergency D	emo.)				
		ttach a copy of the Order to this notice.  ame of Authority Issuing Order:		Title:				
		uthority of Order (Citation of Code):		Titte.				
		rate of Order (MM/DD/YY):		Date Ordered to Begin				
XV.		cy Renovation (Attach separate sheet with the following	owing information if p	roject is Emergency Renovation.)				
	1. D	Pate and Hour of the Emergency:						
		escription of the Sudden, Unexpected Event:						
	3. E	xplanation of how the event caused unsafe condition	ons or equipment dama	ge or an unreasonable financial burden.				
XVI.		on of procedures to be followed in the event tha , pulverized, or reduced to powder.	t unexpected RACM is	s found or non-friable ACM becomes				
Same	as Sect	ion X above						
XVII.	I certify t	hat an individual trained in the provisions of NE	SHAP (40 CFR PART	Γ 61, SUBPART M) will be on -site during	ng the			
		Demolition or Renovation, and evidence that the available during normal business hours.	required training has	s been accomplished by this person will b	be			
(	A(C	with for owner	04/04/13	Chris Crothers - Owner's Consultar	nt			
		Signature of Owner/Operator	Date	Type or Print Name and Title				
XVIII.	I acknow	ledge the existence of laws prohibiting the subn	ission of false or misl	eading statements, and I certify that fac	ets			
		contained in this notification are true, accurate,						
	(4/	etter lacourac	04/04/13	Chris Crothers - Owner's Consulta	ant			
		Signature of Owner/Operator	Date	Type or Print Name and Title				

Operator Project # CEG888	3200	Postmark		Date Received		Notification #			
I. Type of Notification	(check	one):	iginal	Revised	Canc	eled			
II. Facility Description		A /AKA former Sta	to Hoonita	l Duilding)					
Building Name: Brooks B Address: 103 South Main			te nospita	i bullaling)					
William									
City: Waterbury State: Vermont Zip Code: 056/1 County: Washington Site Location: Waterbury State Complex - 103 South Main Street - Waterbury, Vermont									
Building Size (square feet): 10,000 sq.ft. per floor # of Floors: 3 Age in Years: 95 +/-									
Present Use: Vacant Prior Use: State Hospital Maintenance Building									
III. Type of Operation (check one): 🗸 Demo 🗌 Ordered Demo 🔲 Renovation 🔲 Emergency Renovation 🔲 Fire Training									
IV. Is Asbestos Present? (check one):									
V. Facility Information									
		Vermont, Departm		dings & General	Services				
All and the second second		ken Avenue, Draw							
City: Montpelier									
			Telep	phone: (802) 828	3-5377	Fax: (802) 828	-3533		
Removal Contractor Name: TBD									
City:				State:	Zi	p Code:			
Contact:			Telep	phone: ()		Fax:			
Other Operator (d	emolit	ion/general): TBD							
Address:									
City:				State:	Zi	Zip Code:			
Contact:			Telep	ohone: ()		Fax:			
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:  Bulk sampled collected by accredited asbestos inspector. Analyzed by NVLAP accredited laboratory.  VII. Approximate Amount of Asbestos Materials:									
		RACM to be l	Removed	Non-friable Ast to be Re			bestos Material Removed		
				Category I	Category II	Category I	Category II		
Pipes (linear feet)		300							
Surface Area (square feet)		19,60	8	20,500	76				
Facility Components (cubic	feet)								
VIII. Scheduled Dates De	nolitio	on or Renovation:	Start: 0	7/01/13	Complete	e: 12/30/13			
IX. Dates for Asbestos	Remov	ral (MM/DD/YY)	Start: 0	)4/29/13	Complete	06/28/13			
Days of the Week: M	londay	Tuesday	Wednesda	ay Thursday	Friday	Saturday	Sunday		
Hours of Operation:	7-6	7-6	7-6	7-6	7-6	7-6			

X.		on of planned Demolition or Renovation we tion techniques to be used and description		ethod(s) to be employed, including demolition				
Achaet			A CONTRACT OF THE CONTRACT OF	age operations. Building will then be				
		ing heavy equipment, such as an exc						
XI.	-	on of work practices and engineering control		th the requirements, including asbestos				
Comprehe		and waste handling emission control procedures in accordance with the USEPA Asbestos NESHAP		ions for Ashastos Control. This includes wat removal				
methods, o	decontaminatio where required	n structure, containment bamiers, negative pressure er	closure, proper waste shipment & c	isposal, post abatement visual inspections and air				
XII.	Waste Tra	ansporter #1	_					
	Name:	TBD						
	Address:							
	City:		State:	Zip Code:				
	Contact:		Telephone: (	)				
	Waste Tra	ansporter #2						
	Name:	TBD						
	Address:							
	City:	·	State:	Zip Code:				
	Contact:		Telephone: (	)				
XIII.	Waste Dis	sposal						
	Name:	TBD						
	Address:							
	City:		State:	Zip Code:				
	Contact:		Telephone: (	)				
XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)								
		ttach a copy of the Order to this notice.		m'u				
l		ame of Authority Issuing Order:		Title:				
		authority of Order (Citation of Code):  Pate of Order (MM/DD/YY):		Date Ordered to Begin				
VV		cy Renovation (Attach separate sheet with the	ha fallowing information if n					
XV.		eate and Hour of the Emergency:	ne tonowing information it p	roject is Emergency renovation.				
		Description of the Sudden, Unexpected Event:						
		xplanation of how the event caused unsafe co		ge or an unreasonable financial burden.				
XVI.		on of procedures to be followed in the even , pulverized, or reduced to powder.	nt that unexpected RACM i	s found or non-friable ACM becomes				
Same		ion X above						
XVII.				[ 61, SUBPART M) will be on -site during the				
		Demolition or Renovation, and evidence the available during normal business hours.	at the required training has	s been accomplished by this person will be				
,	/1/	With ROCOWNEC	04/04/13	Chris Crothers - Owner's Consultant				
	7 ((	Signature of Owner/Operator	Date	Type or Print Name and Title				
XXX TEXT	T - 1		aubmission of falls and to					
XVIII.		ledge the existence of laws prohibiting the contained in this notification are true, acci		eading statements, and I certify that facts				
	///							
/	16	ftto for Owner	04/04/13	Chris Crothers - Owner's Consultant				
		Signature of Owner/Operator	Date	Type or Print Name and Title				

Operator Project # CEG888200 Pos	stmark		Date Received		Notification #		
I. Type of Notification (check one	e): 🗸 Or	iginal	Revised	Canc	eled		
II. Facility Description  Building Name: Annex Building (A	KA Old Storeh	ouse)					
Address: 103 South Main Street							
City: Waterbury			nt Zip Code: C		County: Washi	ngton	
Site Location : Waterbury State Con		uth Main S	Street - Waterbui	ry, Vermont			
Building Size (square feet): 3,300 sq			of Floors: 2		_	5 +/-	
Present Use: Vacant		Pr	ior Use: State H	lospital Admissi	ons Building		
III. Type of Operation (check one)	Demo	Ordered Der	no Renovatio	n Emergenc	y Renovation	Fire Training	
IV. Is Asbestos Present? (check on	e): Ves	☐ No					
V. Facility Information							
Owner Name: State of Ver			dings & General	Services			
Address: 2 Governor Aiken			\ <del></del>				
			_ State: VT				
Contact: Mike Stevens		Telep	phone: (802)828	3-5377	Fax: (802) 828	3-3533	
Removal Contractor Name:							
Address:							
City:							
Contact:			bhone: ()		Fax:		
Other Operator (demolition)	general): TBD		-	_			
Address:							
					Zip Code:		
Contact:		Telep	ohone: ()		Fax:		
VI. Procedure, including analytica Category I and Category II not Bulk sampled collected by ac  VII. Approximate Amount of Asbes	n-friable ACM: ccredited asb						
	RACM to be	Removed	Non-friable Asl to be Re			sbestos Material e Removed	
			Category I	Category II	Category I	Category II	
Pipes (linear feet)	20						
Surface Area (square feet)	64			17			
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition of	r Renovation:	Start: 0	7/01/13	Complet	e: 12/30/13		
IX. Dates for Asbestos Removal (	MM/DD/YY)	Start: C	04/29/13	Complet	e: 06/28/13		
Days of the Week: Monday	Tuesday	Wednesda	ay Thursday	Friday	Saturday	Sunday	

					1 age 2 of 2
X.		on of planned Demolition or Renovation work to be per tion techniques to be used and description of affected			
		ning materials to be removed. State personnel ing heavy equipment, such as an excavator (af			
XI.		on of work practices and engineering controls to be use nd waste handling emission control procedures:	d to comply	with	the requirements, including asbestos
nethods,	nsive procedur decontaminatio where require	es in accordance with the USEPA Asbestos NESHAP regulation and t n structure, containment barriers, negative pressure enclosure, proper d.	he Vermont Re waste shipmer	gulation nt & disp	s for Asbestos Control. This includes wet removal losal, post abatement visual inspections and air
XII.	Waste Tra	ansporter #1	· ·		
	Name:	TBD			
	Address:				
	City:		State:		Zip Code:
	Contact:		Telephone:	(	)
	Waste Tra	ansporter #2			
	Name:	TBD			
	Address:				
	City:		State:	~	Zip Code:
	Contact:		Telephone:	(	)
m.	Waste Dis	nosal			
	Name:	TBD			
	Address:	155		_	
	City:		State:		Zip Code:
	Contact:		Telephone:	-	)
FX.7		Donalista (			
IV.	-	by <b>Demolition</b> (complete Item XIV only if this project is a stach a copy of the Order to this notice.	in Emergenc	by Den	10.)
		ame of Authority Issuing Order:			Title:
		uthority of Order (Citation of Code):			
		ate of Order (MM/DD/YY):			Date Ordered to Begin
V.		y Renovation (Attach separate sheet with the following	information	if proj	ect is Emergency Renovation.)
	-	ate and Hour of the Emergency:			
	2. D	escription of the Sudden, Unexpected Event:			
	3. E	xplanation of how the event caused unsafe conditions or e	quipment da	amage	or an unreasonable financial burden.
VI.		on of procedures to be followed in the event that unexp	ected RAC	M is f	ound or non-friable ACM becomes
ame		, pulverized, or reduced to powder. on X above			
VII.	I	hat an individual trained in the provisions of NESHAP Demolition or Renovation, and evidence that the requiry available during normal business hours.			
	1	Colette has Dymes 04	1/04/13	(	Chris Crothers - Owner's Consultant
		Signature of Owner/Operator	Date		Type or Print Name and Title
VIII.		edge the existence of laws prohibiting the submission contained in this notification are true, accurate, and co		nislead	ding statements, and I certify that facts
	/	Velett barowner 04	1/04/13	(	Chris Crothers - Owner's Consultant
		Signature of Owner/Operator	Date		Type or Print Name and Title



NCM Demolition and Remediation. LP 14 Jewel Drive Wilmington, MA 01887-3361 www.ncmgroup.com Demolition + Remediation



U.S. EPA, Region 1 Demo/Reno Notifications 5 Post Office Square Suite 100 (OES05-4) Boston, MA 02109-3912

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Operator Project #	Pos	tmark 07/24	12013	Date Received		Notification #	
I. Type of Notific	ation (check one)	): 🗸 Or	iginal	Revised	Cance	eled	
II. Facility Desc Building Name: Cen	tral Core / Wes	t Office Buildir	ng				
Address: 103 South			\/T		E676		
			te: VI	Zip Code: 0	50/0	County:	
Site Location : State							14
Building Size (square						Age in Years: 50	1
Present Use: Vacant				rior Use: State H		- · · ·	
***	esent? (check one):		Ordered Dei	mo Renovation	n Emergency	Renovation	Fire Training
24.		e): <b>[V</b> ] 1 es					
V. Facility Info	rmation e: State of Verr	mont					
	Sovernor Aiken						
City: Mont	pelier			State: VT	Zir	Code: 05633	
Contact: Mik				ohone: (802) 828			
	ntractor Name:						
	Jewel Drive						
City: Wilmi	ngton			State: MA	Zip	Code: 01887	
				ohone: (978) 657	-5445	Fax: (978) 657	-5995
Other Opera	tor (demolition/	general):					
Address:							
City:				State:	Zij	Code:	
Contact:			Telep	ohone: ()		Fax:	
Category I and Bulk Sample And	Category II non	a-friable ACM:	oyed to dete	ct the presence of :	and to estimate th	e quantity of RA	.CM and
VII. Approximate A	amount of Asbes	tos Materiais:	- I	NI Gialala A ala	actua Maturial	Non friable Ag	bestos Material
		RACM to be	Removed	Non-friable Asb to be Re			Removed
				Category I	Category II	Category I	Category II
Pipes (linear feet)		1200	0				
Surface Area (square	feet)			26000			
Facility Components (	cubic feet)						
VIII. Scheduled Dat	es Demolition or	Renovation:	Start: 0	7/08/13	Complete	: 08/16/13	
IX. Dates for Asb	estos Removal (N	MM/DD/YY)	Start: (	07/08/13	Complete	08/16/13	
Days of the Week:	Monday	Tuesday	Wednesda	ay Thursday	Friday	Saturday	Sunday
Hours of Operation:	7am-3:30pm	11 11	11 11	В П	EE 51	0	0

X		on of planned Demolition or Renovation work to be ation techniques to be used and description of affect			loyed, including demolition
XI.		on of work practices and engineering controls to be	used to comply	with the requiremen	ts, including asbestos
Ahatar		nd waste handling emission control procedures: rformed in negative pressure, enclosure	o with door	an using wat mat	hada
Abatei	nem per	normed in negative pressure, enclosur	e willi deco	ir using wet met	Hous
XII.	Waste Tr	ansporter #1			
	Name:	Service Transport			
	Address:	58 Pyles Lane			
	City:	New Castle	State:	DE	Zip Code: 19720
	Contact:	David Noe	Telephone:	(330) 866-3434	
		ansporter #2			
	Name:		***		
	Address:				
	City:		State:		Zip Code:
	Contact:		Telephone:	( )	
XIII.	Waste Di				
	Name:	Minvera Landfill			
	Address:	8955 Minerva Rd.	2		7' 0 1
	City:	Waynesburg	State:		Zip Code: 44688
*****	Contact:	200	Telephone:		
XIV.	_	cy Demolition (complete Item XIV only if this project attach a copy of the Order to this notice.	is an Emergenc	y Demo.)	
		Tame of Authority Issuing Order:		Title:	
		authority of Order (Citation of Code):			
	4. D	Pate of Order (MM/DD/YY):		Date (	Ordered to Begin
XV.		cy Renovation (Attach separate sheet with the followi	ng information	if project is Emergency	y Renovation.)
		Date and Hour of the Emergency:			
		Description of the Sudden, Unexpected Event: Explanation of how the event caused unsafe conditions of the second transfer conditions of the se	or equipment de	amage or an unreasonal	ble financial burden.
	J. L	Apparation of now the event caused unsale conditions	or equipment at	anago or air air oacona	olo Allanolti ottovii
XVI.	crumbled	on of procedures to be followed in the event that un l, pulverized, or reduced to powder.	expected RAC	M is found or non-fri	able ACM becomes
Section	on XI Pro	ocedures			
XVII.		that an individual trained in the provisions of NESH.  Demolition or Renovation, and evidence that the recavailable during normal business hours.			
		Michael Delaney	06/20/13	Michael Delane	
		Signature of Owner/Operator	Date	Type or Pr	int Name and Title
XVIII.		ledge the existence of laws prohibiting the submissi contained in this notification are true, accurate, and		nisleading statements	, and I certify that facts
		Michael Delaney	06/20/13	Michael Delane	ey
		Signature of Owner/Operator	Date		int Name and Title

#### **VERMONT DEPARTMENT OF HEALTH**

# Asbestos & Lead Regulatory Program

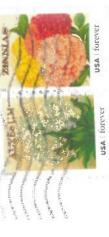
# PERMIT APPLICATION FOR ASBESTOS ABATEMENT PROJECT

(Refer to Vermont Regulations for Asbestos Control for complete rules on notification)

□ REVISION DATE

Name of Abatement Entity: NCM Demo and Remediation Ph; 978-657-5445 Fax: 978-657-5995
Address of Abatement Entity: 14 Jewel Drive
City, State, Zip Wilmington, MA 01887
Asbestos Abatement Entity License #: AE400552
Name and street address of building: Waterbury State Complex, Central Core/West Office Building
City, State, Zip 103 South Main St, Waterbury, VT
Building owner & address: State of Vermont 2 Governor Aiken Avenue
City, State, Zip Montpelier, VT 05633
Building is (check one): Commercial / Industrial / School/University / Public / Private / Residential Rental / Other
*Specify location and types of asbestos containing materials involved:
please see attached list of plans
*Type of abatement activity to be performed: (check one):
Removal Repair Encapsulate Enclosure Cleanup Demolition Emergency
*Amount of asbestos containing material involved: 1200 Ln. ft. 36000 Sq. ft. Other wind/door Units' 122 PLEASE ATTACH A DRAWING OF THE WORK AREA TO INCLUDE CONTAINMENT, NEG. AIR, AND DECON. LOCATIONS
*Starting date: July 8, 2013 *Completion date: August 16, 2013
Name of on-site supervisor and VT Certification No: Michael White #AS307901
Name of Consultant/Consulting Company: Crothers Environmental Group, LLC
*Work practices to be used according to the following VRAC Sections:
Sections 2.4.1, 2.4.2, 2.4.3, and 6
*Alternative work procedures requested: Yes No ✓
(If yes, provide an attachment describing specifics as per VRAC Section 2.6)
Name and address of final disposal site: Minerva Landfill 8955 Minerva Road, Waynesburg, OH 44688
Notification sent to the following agencies (NESHAP, etc): EPA Region #1
Print: Michael Delaney Signature: Michael Delaney Date: June 20, 2013 Name and signature of Notification Preparer

40 San Remo Drive · South Burlington, Vermont 05403



EPA Regien 1 5 Post Othice Square Scite 100 (06505-4) BOSTON, MA. 02109-3912

services of the services of th

	stmark		Date Received		Notification #			
I. Type of Notification (check one	e): Ori	ginal	✓ Revised	Cance	eled			
II. Facility Description  Building Name: Department of Agr  Address: 103 South Main Street	iculture/Departn	nent of En	vironmental Conse	ervation Build	ing			
City: Waterbury State Complex, 103 South Main Street, Waterbury VT  County: Washington  County: Washington								
Building Size (square feet): 16,700 Sq Ft per floor # of Floors: 2 Age in Years: 25+/-								
Present Use: Vacant Prior Use: Ag Lab & Offices								
III. Type of Operation (check one)					Renovation	Fire Training		
IV. Is Asbestos Present? (check or		No						
V. Facility Information Owner Name: State of Ver Address: 2 Governor Aiker			ing & General Ser	vices				
City: Montpelier			State: VT	Zip	Code: 05633			
Contact: Mike Stevens		Telepl	hone: (802) 828-5	377	Fax: (802) 828	3-3533		
Removal Contractor Name:		ental form	erly dba TMC Ser	vices, Inc.				
Address: 40 San Remo Dr	rive	-						
				14	Code: 05403			
Contact: Joe Downey		Telepl	hone: (802) 863-5	300	Fax: (802) 863	3-0005		
Other Operator (demolition								
Address:					Codo			
City:					Code:			
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:  Bulk samples collected by accredited asbestos inspector. Analyzed by NVLAP accredited laboratory.								
Bulk samples collected by a	ccredited asb							
-	ccredited asb	estos ins		tos Material	AP accredite			
Bulk samples collected by a	stos Materials:	estos ins	pector. Analyz  Non-friable Asbest to be Remo	tos Material	AP accredite	d laboratory.		
Bulk samples collected by a	stos Materials:	estos ins	Non-friable Asbest	tos Material	Non-friable As	d laboratory.  bestos Material Removed		
Bulk samples collected by ac	stos Materials:	estos ins	Non-friable Asbest	tos Material	Non-friable As	d laboratory.  bestos Material Removed		
Bulk samples collected by ac  VII. Approximate Amount of Asber  Pipes (linear feet)	stos Materials:	estos ins	Non-friable Asbest	tos Material oved	Non-friable As	d laboratory.  bestos Material Removed		
Bulk samples collected by activities and the samples collected by activities and the samples collected by activities and the samples collected by activities and samples colle	stos Materials:  RACM to be R	estos ins	Non-friable Asbess to be Remo	tos Material oved	Non-friable As NOT to be Category I	d laboratory.  bestos Material Removed		
Bulk samples collected by activities and the samples collected by activities and samples c	RACM to be R	estos ins	Non-friable Asbess to be Remo	tos Material oved Category II	Non-friable As NOT to be Category I	d laboratory.  bestos Material Removed		
Pipes (linear feet) Surface Area (square feet) Facility Components (cubic feet) VIII. Scheduled Dates Demolition o	RACM to be R	estos ins	Non-friable Asbest to be Remo	tos Material oved Category II  120  Complete	Non-friable As NOT to be Category I	d laboratory.  bestos Material Removed		

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:						
		ing materials to be removed. State personning heavy equipment (after all ACM has been				Building will then be	
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:						
	nsive procedur lecontaminatio	es in accordance with the USEPA Asbestos NEHSHAP regulation n structures, containment barriers, negative pressure enclosures, p					
XII.	Waste Tra	ansporter #1					
	Name:	Service Transport Group					
	Address:	58 Pyles Lane					
	City:	New Castle	State:	DE		Zip Code: 19720	
	Contact:	Randy	Telephone:	(87	77)999-9559		
	Waste Tra	ansporter #2					
	Name:						
	Address:						
	City:		State:			Zip Code:	
	Contact:		Telephone:	(	)		
XIII.	Waste Dis						
	Name:	Minerva Landfill					
	Address:	8955 Minerva Road				7: 0.1	
	City:	Waynesburg	State:	_		Zip Code: 44688	
	Contact:	Steve Chandler, VP	Telephone:	_	330 ) 866-3435		
XIV.		cy Demolition (complete Item XIV only if this project	is an Emergeno	cy De	emo.)		
		ttach a copy of the Order to this notice.  ame of Authority Issuing Order:			Title:		
		uthority of Order (Citation of Code):			Title.		
		ate of Order (MM/DD/YY):			Date (	Ordered to Begin	
XV.		cy Renovation (Attach separate sheet with the following	ing information	if pr			
		ate and Hour of the Emergency:		_			
		escription of the Sudden, Unexpected Event:					
	3. E	xplanation of how the event caused unsafe conditions	or equipment da	amag	ge or an unreasonal	ole financial burden.	
				N / /	6 1 0	NI ACMIL	
XVI.		on of procedures to be followed in the event that un, pulverized, or reduced to powder.	expected RAC	M is	tound or non-fri	able AUNI becomes	
Same		on X above.					
XVII.	I certify t	hat an individual trained in the provisions of NESH	AP (40 CFR P.	ART	61, SUBPART M	I) will be on -site during the	
		Demolition or Renovation, and evidence that the recovailable during normal business hours.	quired training	nas	peen accompushe	eu by this person will be	
	(	11111	deal -		les Davis S	Project Manager	
	-7	Signature of Owner/Operator	78/13 Date	_	Type or Pr	Project Manager int Name and Title	
	f		Date				
XVIII.		ledge the existence of laws prohibiting the submissi		misle	eading statements	, and I certify that facts	
	7	contained in this notification are true, accurate, and	complete.				
			6/28/13	_		Project Manager	
		Signature of Owner/Operator	Date		Type or Pr	int Name and Title	

Operator Project #02	2013-0717	Postmark			Date Received		Notification #	
I. Type of Notifi	cation (check	one):	Origin	nal	✓ Revised	Cano	eled	
II. Facility Des Building Name: Ma		uilding						
Address: 103 Sout	h Main Stre	et						
City: Waterbury State: VT Zip Code: 05671 County: Washington								ington
Site Location : Waterbury State Complex, 103 South Main Street, Waterbury VT								
Building Size (square feet): 8000 # of Floors: 1 Age in Years: 95+/-								5+/-
Present Use: Vacar	t			Pr	rior Use: State N	Maintenance Off	ices and Garag	је
III. Type of Oper	ation (check o	one): 🖊 Demo	Orc	dered Der	no Renovation	on Emergend	y Renovation	Fire Training
IV. Is Asbestos P	resent? (chec	k one):	Yes	☐ No				
V. Facility Info	ormation							
					ding & General	Services		
		ken Avenue,						
City: Mon						Zi		
						3-5377	Fax: (802) 82	8-3533
Removal Co	ntractor Na	me: TMC En	vironme	ntal forn	nerly dba TMC 8	Services, Inc.		
Address: 4	San Remo							
,	h Burlington					Zi		
Contact: Jo	e Downey			Telep	hone: (802)863	3-5300	Fax: (802) 86	3-0005
Other Oper	ator (demolit	tion/general):	TBD					
Address:								
						Zi		
Contact:				Telep	phone: ()		Fax:	
	d Category II	non-friable A	CM:			and to estimate t		-
VII. Approximate	Amount of A	sbestos Materi	ials:	·				
		RACM	to be Rer	noved	Non-friable Asl to be Re			sbestos Material e Removed
					Category I	Category II	Category I	Category II
Pipes (linear feet)			90					
Surface Area (square	feet)		192		240	8		
Facility Components	(cubic feet)							
VIII. Scheduled Da	tes Demolitie	n or Renovati	on:	Start: 0	8/30/13	Complet	e: 12/30/13	
IX. Dates for Asl	estos Remov	al (MM/DD/Y	Y)	Start: 0	7/16/13	Complet	e: 08/29/13	
Days of the Week:	Monday	Tuesda	ay	Wednesda	y Thursday	Friday	Saturday	Sunday

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:						
	sbestos containing materials to be removed. State personnel to begin salvage operations. Building will then be emolished utilizing heavy equipment (after all ACM has been properly removed.						
methods, c	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:  Comprehensive procedures in accordance with the USEPA Asbestos NEHSHAP regulation and the Vermont Regulations for Asbestos Control. This includes wet removal nethods, decontamination structures, containment barriers, negative pressure enclosures, proper waste shipment & disposal, post abatement inspections and air monitoring where required.						
XII.	Waste Tr	ansporter #1					
	Name:	Service Transport Group					
	Address:	58 Pyles Lane					
	City:	New Castle	State:	DE	Zip Code: 19720		
	Contact:	Randy	Telephone:	(87	77)999-9559		
	Waste Tr	ansporter #2					
	Name:						
	Address:						
	City:		State	:	Zip Code:		
	Contact:		Telephone	: (	)		
XIII.	Waste Di	sposal	•				
	Name:	Minerva Landfill					
	Address:	8955 Minerva Road					
	City:	Waynesburg	State	: OF	Zip Code: 44688		
	Contact:	Steve Chandler, VP	Telephone	: (3	330 ) 866-3435		
XIV.	-	cy Demolition (complete Item XIV only if this project	is an Emergeno	cy De	mo.)		
		ttach a copy of the Order to this notice.			Tiele		
		lame of Authority Issuing Order: uthority of Order (Citation of Code):			Title:		
		eate of Order (MM/DD/YY):		_	Date Ordered to Begin		
XV.		cy Renovation (Attach separate sheet with the following	ing information	if pro			
28.7.	-	late and Hour of the Emergency:		. II pi	Jeet to Zimongemen account to the control of the co		
		Description of the Sudden, Unexpected Event:					
	3. E	explanation of how the event caused unsafe conditions	or equipment d	lamag	e or an unreasonable financial burden.		
XVI.		on of procedures to be followed in the event that un , pulverized, or reduced to powder.	expected RAC	CM is	found or non-friable ACM becomes		
Same		ion X above.					
XVII.	1	hat an individual trained in the provisions of NESH Demolition or Renovation, and evidence that the recavailable during normal business hours.	quired training	g has l	been accomplished by this person will be		
			6/28/13	,	Joe Downey - Project Manager		
		Signature of Owner Operator	Date		Joe Downey - Project Manager  Type or Print Name and Title		
XVIII.	Lacknow	ledge the existence of laws prohibiting the submissi					
AVIII		contained in this notification are true, accurate, and					
	(		6/28/13	3	Joe Downey - Project Manager		
	-7	Signature of Owner/Operator	Date		Type or Print Name and Title		
		-9			**		

	Postmark		Date Received		Notification #			
I. Type of Notification (che	ck one):	Original	✓ Revised	Canc	eled			
II. Facility Description Building Name: Building 10 S								
Address: 103 South Main St		VIT		5074	147 1			
City: Waterbury State: VT Zip Code: 05671 County: Washington Site Location: Waterbury State Complex, 103 South Main Street, Waterbury VT								
Building Size (square feet): 5200 sq ft per floor # of Floors: 3 Age in Years: 80+/-								
Present Use: Vacant			rior Use: Offices		_			
III. Type of Operation (check	cone): 🗸 Demo	Ordered De	mo Renovatio	n Emergency	y Renovation	Fire Training		
IV. Is Asbestos Present? (ch								
V. Facility Information Owner Name: State of Address: 2 Governor Address:	Aiken Avenue, D	rawer 33						
City: Montpelier			State: VT					
Contact: Mike Steven					Fax: (802) 828	3-3533		
Removal Contractor N		ronmental forr	nerly dba TMC S	Services, Inc.		<del></del>		
Address: 40 San Ren			VI		05400			
City: South Burlingto				Zij				
Contact: Joe Downey Telephone: (802) 863-5300 Fax: (802) 863-0005								
0.1	в Т	DD.						
Other Operator (demo						<del>_</del>		
Address:				75	n Code:			
Address:			State:					
Address: City: Contact:		Telej	State:		Fax:			
Address:	lytical methods, e II non-friable AC by accredited	Telegonal Telego	State: phone: () ect the presence of	and to estimate th	Fax:	ACM and		
Address: City: Contact:  VI. Procedure, including ana Category I and Category Bulk samples collected to	lytical methods, end of the second se	Telegonal Telego	State: phone: () ect the presence of	and to estimate the yzed by NVL.	Fax:he quantity of RAAP accredite	ACM and		
Address: City: Contact:  VI. Procedure, including ana Category I and Category Bulk samples collected to	lytical methods, end of the second se	Telepmployed to dete M: asbestos in ls:	State: phone: () ext the presence of spector. Anal	and to estimate the yzed by NVL.	Fax:he quantity of RAAP accredite	ACM and ed laboratory.		
Address: City: Contact:  VI. Procedure, including ana Category I and Category Bulk samples collected to	lytical methods, end of the second se	Telepmployed to dete M: asbestos in ls:	State: phone: ()  ext the presence of spector. Anal  Non-friable Ash to be Re	and to estimate the yzed by NVL.	Fax:he quantity of RAAP accredite  Non-friable As NOT to b	ACM and ed laboratory.  Sbestos Material e Removed		
Address: City: Contact: VI. Procedure, including ana Category I and Category Bulk samples collected to VII. Approximate Amount of	lytical methods, et II non-friable AC by accredited Asbestos Material RACM to	Telegon Telego	State: phone: ()  ext the presence of spector. Anal  Non-friable Ash to be Re	and to estimate the yzed by NVL.	Fax:he quantity of RAAP accredite  Non-friable As NOT to b	ACM and ed laboratory.  Sbestos Material e Removed		
Address:  City:  Contact:  VI. Procedure, including and Category I and Category Bulk samples collected is  VII. Approximate Amount of	lytical methods, et II non-friable AC by accredited Asbestos Material RACM to	Telepmployed to determine M: asbestos in: ls: be Removed  60 7,800	State: phone: ()  ext the presence of spector. Anal  Non-friable Ask to be Re  Category I  350	and to estimate the yzed by NVL.	Fax:he quantity of RA  AP accredite  Non-friable As  NOT to b  Category I	ACM and ed laboratory.  Sbestos Material e Removed		
Address:  City:  Contact:  VI. Procedure, including ana Category I and Category Bulk samples collected is  VII. Approximate Amount of  Pipes (linear feet) Surface Area (square feet)	lytical methods, et II non-friable AC Dy accredited  Asbestos Material  RACM to	Telepmployed to determine M: asbestos in: ls: be Removed  60 7,800	State: phone: () ect the presence of spector. Anal Non-friable Ash to be Re Category I	and to estimate the yzed by NVL.	Fax:he quantity of RA  AP accredite  Non-friable As  NOT to b  Category I	ACM and ed laboratory.  Sbestos Material e Removed		
Address: City: Contact: VI. Procedure, including and Category I and Category Bulk samples collected is VII. Approximate Amount of  Pipes (linear feet) Surface Area (square feet) Facility Components (cubic feet)	lytical methods, et II non-friable AC Dy accredited  Asbestos Material  RACM to	Telej mployed to dete M: asbestos in: ls: be Removed  60 7,800	State: phone: ()  ext the presence of spector. Anal  Non-friable Ask to be Re  Category I  350	and to estimate the yzed by NVL.	Fax:he quantity of RA AP accredite  Non-friable As NOT to b  Category I	ACM and ed laboratory.  Sbestos Material e Removed		
Address: City: Contact: VI. Procedure, including and Category I and Category Bulk samples collected to VII. Approximate Amount of  Pipes (linear feet) Surface Area (square feet) Facility Components (cubic feet) VIII. Scheduled Dates Demolin	lytical methods, et II non-friable ACDy accredited  Asbestos Material RACM to 2.  ion or Renovation oval (MM/DD/YY)	Telegon mployed to determine M: asbestos in: asbestos in: be Removed  60 7,800  Start: 0	State:phone: ()cct the presence of spector. Analala Non-friable Ash to be ReCategory I 350	and to estimate the yzed by NVL.  Destos Material moved  Category II  Complete	Fax:he quantity of RAAP accredite  Non-friable As NOT to b  Category I	ACM and ed laboratory.  Sbestos Material e Removed		

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:						
		ing materials to be removed. State personning heavy equipment (after all ACM has bee					
XI.  Compreher methods, d where required	removal and a sive procedure econtamination	on of work practices and engineering controls to be nd waste handling emission control procedures: es in accordance with the USEPA Asbestos NEHSHAP regulation in structures, containment barriers, negative pressure enclosures,	and the Vermont F	Regulat	tions for Asbestos Control. This includes wet removal		
XII.	Waste Tra	ansporter #1					
	Name:	Service Transport Group					
	Address:	58 Pyles Lane					
	City:	New Castle	State:	DE	Zip Code: 19720		
	Contact:	Randy	Telephone:	(87	77)999-9559		
	Waste Tra	ansporter #2					
	Name:						
	Address:		-				
	City:		State:		Zip Code:		
	Contact:		Telephone:	(	)		
XIII.	Waste Dis	sposal					
	Name:	Minerva Landfill					
	Address:	8955 Minerva Road	ja.				
	City:	Waynesburg	State:		Zip Code: 44688		
	Contact:	Steve Chandler, VP	Telephone:	(3	330 ) 866-3435		
XIV.	_	y Demolition (complete Item XIV only if this project	is an Emergence	y Dei	mo.)		
		ttach a copy of the Order to this notice.			Title:		
		ame of Authority Issuing Order:  uthority of Order (Citation of Code):			Title:		
		ate of Order (MM/DD/YY):		-	Date Ordered to Begin		
XV.		ey Renovation (Attach separate sheet with the follow	ing information	if pro			
	_	ate and Hour of the Emergency:					
		escription of the Sudden, Unexpected Event:					
	3. Ex	xplanation of how the event caused unsafe conditions	or equipment da	amage	e or an unreasonable financial burden.		
			. 170.40	24.	6 1 6 11 4 6 7 6 1		
XVI.		on of procedures to be followed in the event that un pulverized, or reduced to powder.	expected RAC	M IS	found or non-iriable ACM becomes		
Same		on X above.					
XVII.	Ι	hat an individual trained in the provisions of NESH Demolition or Renovation, and evidence that the re					
	2	vailable during normal business hours.	. /. 1				
	-/	MAN	6/28/1	3.	Joe Downey - Project Manager  Type or Print Name and Title		
		Signature of Owner/Operator	Date		Type or Print Name and Title		
XVIII.		edge the existence of laws prohibiting the submissi		nislea	ading statements, and I certify that facts		
	(°	contained in this notification are true, accurate, and	1 ,				
	-10	HAVW	6/28/13		Joe Downey - Project Manager		
		Signature of Owner/Operator	Date		Type or Print Name and Title		



o, LLC

7012 3460 0002 1037 6004

US EPA-REGIONI
Asbestos/NESHAP Division
Attn: Demo/Reno Notification
Boston, MA 02109-3912

120840 PHP DVISION. 5018-3912 ASDRS40860 AM, 5045005-3912

POSTAL SERVICE
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Certified Mail."

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